Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Outcomes in Clinically Node Positive Bladder Cancer Patients at a Tertiary Cancer Centre in the UK

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Purpose: Poor prognosis TxN+M0 bladder cancer has limited evidence-based guidelines defining optimum management. We evaluated real-world outcomes and treatment approaches for patients at a tertiary oncology centre.

Methods: Data were collected on patients with cN+ bladder cancer treated between 2013–2018, using electronic patient records. Age, gender, ECOG performance status (PS), smoking status, T-stage, nodal stage, treatment and survival data were collected. Univariable (UVA) and multivariable (MVA) analyses were undertaken.

Results: 100 patients were identified as cN+. The median age was 71 (44–89), median PS 1 and 70 patients were male. 55 patients had disease in a single node and 45 in multiple. 18 patients had surgery; 13 with neoadjuvant chemotherapy, 1 with adjuvant chemotherapy and 4 alone. 35 patients had radical radiotherapy; 25 with neoadjuvant chemotherapy and 10 alone. 47 patients had palliative treatment (radiotherapy, chemotherapy, best supportive care). The median OS was 1.1 years (0.15–7.9). Radically treated patients had a greater OS (median 1.8 years (1.2–2.2)) compared to those receiving palliative treatment (median 0.7 (0.5–1.1)), HR 0.40 (0.25-0.64), $P < 0.001$. OS was comparable for patients undergoing surgery (median OS 1.4 years (1.0–NR)) or radiotherapy (median OS 1.9 years (1.4–NR)), HR 1.42 (0.68–2.97), $P = 0.352$. The survival benefit conferred by radical treatment was confirmed in MVA; OS is better in those receiving radiotherapy compared with no radical treatment ((HR 0.37 (0.17–0.79), $P = 0.01$) and those undergoing surgery compared with no radical treatment (HR 0.48 (0.19–1.23)), although this result was not significant ($P = 0.126$). Disease in multiple nodes compared with one node was a poor prognostic factor in MVA (HR 2.08 (1.15–3.76), $P = 0.016$).

Conclusion: Our study suggests radical treatment should be delivered where possible given the associated survival benefit. The difference in survival outcomes between groups receiving radical radiotherapy or surgery needs further study through larger datasets. Increasing nodal burden was associated with poorer prognosis. A multicentre database is being collated to further model survival outcomes.

The Impact of the COVID-19 Pandemic on Uro-oncology Admissions at a UK Tertiary Cancer Centre: Clinical Severity and Outcomes

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Purpose: To determine the effect of the COVID-19 pandemic on uro-oncology admissions at UCLH between April and July 2020. We hypothesised that during the peak of the first wave of the pandemic, uro-oncology admissions were more complex, had significantly worse cancer related symptoms and poorer outcomes when compared with corresponding admissions, pre-pandemic.

Methods: A retrospective case note review of all uro-oncology patients admitted to UCLH between April and July 2020 was undertaken. For comparison, data for a historical cohort of patients admitted between April and July 2019 were collected. Data regarding severity of symptoms, medical intervention needed and clinical outcomes were extracted and analysed to look for differences between the two groups.

Results: The number of patients who died within 30 days of admission was higher in 2020 ($n = 8$) than in 2019 ($n = 4$) and the median time from admission to death was shorter in 2020 (50 days) versus 2019 (177 days). More patients had radiological evidence of disease progression in 2020 ($n = 20$) versus 2019 ($n = 11$). Of these, three patients in 2020 had their systemic treatment stopped or interrupted as a result of the COVID-19 pandemic. More in-patients required palliative care input in 2020 ($n = 19$) versus 2019 ($n = 9$).

Conclusion: The COVID-19 pandemic had a dramatic effect on uro-oncology hospital admissions at our centre, with evidence of increasing cancer related morbidity in patients admitted, greater need for medical intervention and a much shorter life expectancy following discharge. Admissions during the pandemic had increased need of inpatient palliative care and supportive treatments, such as blood transfusions and antibiotics, demonstrating the significant impact of ceasing palliative systemic treatments and the loss of community services on patients with urological malignancies.

Comparison of Patient and Clinician Reported Outcomes Following (Chemo)Radiotherapy for Bladder Cancer

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Purpose: To evaluate whether there is sufficient correlation between patient reported outcomes (PRO) and clinician reported outcomes (CRO) in bladder cancer follow-up post-radiotherapy to use solely one data method to reduce trial follow-up burden on patients, clinicians and trial programmes.

Methods: The BC2001 trial randomised patients to radiotherapy with or without chemotherapy and/or to standard versus reduced high-dose volume radiotherapy. PRO data were collected using the Functional assessment of Cancer Therapy bladder cancer (FACT-BL) questionnaire. CRO data were assessed by clinicians using LENT/SOM (Late Effects in Normal Tissues, Subjective, Objective, Management). Data were collected at baseline, post-treatment, at 6 and 12 months post-randomisation and then annually to 5 years. The FACT-BL item score was paired with the corresponding subjective score of the LENT/SOM for six individual items categorised as diarrhoea, bowel incontinence, urinary frequency, dysuria, urinary incontinence and sexual dysfunction. Percentage agreement between CRO and PRO measures was calculated for each individual item at 2 and 5 years post-randomisation. Concordance was tested using the weighted Kappa statistic with 95% confidence intervals.

Results: At 2 years the percentage agreement across these domains ranged from 45% to 78% with the weighted Kappa statistic between 0.07 and 0.35. Results were similar in year 5 with 48–83% agreement and Kappa statistics between −0.019 and 0.214. There was a higher reported toxicity rate in PRO compared with CRO at both 2 and 5 years.

Conclusion: Agreement between CRO and PRO in patients treated with radiotherapy for bladder cancer is generally poor. CRO may underestimate toxicity and the use of PRO could be further investigated as a single endpoint for toxicity assessments.

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